

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office: (Also complete Part B, Items 1, 7-12, 32, 33, 36 and 39.)

1. Actions Requested	2. Request Number
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Effective Date

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT

5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)
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PART B - For Preparation of SF 50: (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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TECHNICIAN NAME (LAST, FIRST, MI)

000-00-0000

01-01-60

5-A. Code		5-B. Nature of Action		6-A. Code		6-B. Nature of Action	
5-C. Code		5-D. Legal Authority		6-C. Code		6-D. Legal Authority	
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority	

7. FROM: Position Title and Number	15. TO: Position Title and Number
POSITION TITLE	POSITION TITLE
POSITION NUMBER	POSITION NUMBER
FAC/LINE# (AIR) OR PARA/LINE# (ARMY)	FAC/LINE# (AIR) OR PARA/LINE# (ARMY)

3. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
XX	XXXX	XX			XX	XX	XXXX	XX			XX
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
XXXXXX XXXXXXXXXX	XXXXXX XXXXXXXXXX

23. Veterans Preference				24. Tenure		25. Agency Use		26. Veterans Preference for RIF	
1 - None 3 - 10 Point/Disability 5 - 10 Point/Other 2 - 5 Point 4 - 10 Point/Compensable 6 - 10 Point/Compensable/30%				0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				YES NO	
27. FEGLI				28. Annuitant Indicator		29. Pay Rate Determinant			
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period	

34. Position Occupied				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				E - Exempt N - Nonexempt		FAC (AIR) OR PARA (ARMY)			
38. Duty Station Code				39. Duty Station (City-County-State or Overseas Location)					
				XXXXXX, XXXXXX, XX					

40. Agency Data	41.	42.	43.	44.		
45. Education Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship	50. Veterans Status	51. Supervisory Status
				1 - USA 8 - Other		

PART C - Reviews and Approvals: (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature

Approval Date

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

I certify that this Position Description is an accurate statement of major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

PART E - Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and

agencies to issue regulations with regard to employment individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

I certify that this technician is in a compatible MOS/AFSC and this action does not cause grade inversion.

(Supervisor's Signature)

I certify that funds are available for this position.

(Comptroller - if Air position)

(Fund Manager - if Army position)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

MOS/AFSC:

MILITARY GRADE:

MILITARY UNIT OF ASSIGNMENT: